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Affidavit Accompanying Motion for Permission to Proceed in the District court and/or on Appeal in Forma Pauperis in Habeas Corpus Cases under 28 U.S.C. Sections 2241 and 2254.

United States District Court for the Eastern District of Pennsylvania

Pracey (Plaintiff) V.		FILED
Beard (Defendant(s))	District Court Case No. <u>02-3685</u>	By MICHAEL RUNE, CICIA

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Edward Bracey

Instructions

Complete all questions in the application and then sign it. Do not leave any blanks. If the answer to a question is "O," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: June 12,2002

My issues are:	·•	

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during During the past 12 months	Amount expected Next month
	~10-1400/mo allavance	You
Employment	\$	s_ 10-14.00/no allevance
Self-employment	\$	\$ 1
Income from real	s	s
property (such as		
rental income)	(
Interest and	\$_	\$
Dividends		•
Gifts	<u>\$ 15-20</u>	s 15-20
Alimony	\$	\$ /
Child Support	\$	\$
Retirement (such	\$	S
as social security,		
pensions, annuities,		
insurance)		
Disability (such as	\$	S
social security, in-		
surance payments)		
(Unemployment	\$	\$
payments		
Public Assistance	\$	\$
(such as welfare)		
Other specify):	\$	\$
Total monthly income	e: \$	\$

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment —	Gross monthly pay
	impresoned		
3. List your sp	ouse's employment histo	ory, most recent employer fir	st. (Gross monthly pay
	ar other deductions		
		N/A none.	
Employer	Address	Dates of employment	Gross monthly pay
• •		- see confine	eress mousely pay
4. How much c	ash do you and your sp	ouse have? \$/_	}
Below, state and institution.		ouse have in bank accounts o	r in any other financial
institution.	N/A no	ne	
Financial Institution	Type of account	Amount you have	Amount your spouse Has
		-	
	_		

institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings. none

Home (Value) Other e	state Real (V	alue)		
Motor Vehicle #1 Value				
Make & Year		1/1		
Make & Year Model:		N/A.	•	
Registration #:				·
Motor vehicle #2 Value				
Make & year:				
Madale				
Registration #				
-				
Other Assets	Value of other	assets	/	
			NA	
				
	-			
6. State every person, busing amount owed. $ egthinspace{\wedge} egthinspace{\wedge} egthinspace{\wedge} egthinspace{\wedge} egthinspace{\wedge} egthin$	ess, or organiza	ation owing y	our or your spous	e money, and th
Person owing you or your Spouse money	Amount owed	to you	Amount owed to	your spouse
	none			
				 _
7. State the persons who re	ly on you or you	ır spouse for	support. NA	
Name	Relationship	Age	l	
				
			······	

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate:

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	s_ vere	\$
Are real-estate taxes included?	Yes	No
Is property insurance included:	Yes	No
Utilities (electricity, heating fuel, water, sewer and Telephone)	\$	\$
Home maintenance (repairs & upkeep)	\$	s
Food	s	s
Clothing	\$	\$
Laundry & Dry-Cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor	S	\$
vehicle payments)		
Recreation, entertainment, newspapers	\$	\$
magazines, etc.		
Insurance, not deducted from wages or	\$	_ \$\
included in Mortgage payments)		
Homeowner's or renter's		
Life	\$	_ \$\
Health	\$	\$
Motor Vehicle	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or		
included in mortgage payments)		
(specify):		
Installment payments	\$	<u> </u>
Motor Vehicle	\$	\$
Credit card	\$	\$
(Name)		
Department store (Name):	_ \$	_ \$
Other	\$	<u> </u>
Alimony, maintenance, and support		
Paid to others	S	\$
Regular expenses for operation of		
	17	

TOTAL MONTHLY EXPENSES: 9. Do you expect any major changes in you or liabilities during the next 12 months? YesNoIf yes, describe on 10. Have you paid or will you be paying an with this case, including the completion of the set	attorney any mon	tey for services in connection
9. Do you expect any major changes in you or liabilities during the next 12 months? YesNoIf yes, describe on 10. Have you paid or will you be paying an with this case, including the completion of the second s	attorney any mon	tey for services in connection
Yes No If yes, describe on 10. Have you paid or will you be paying an with this case, including the completion of the second sec	attorney any mon	tey for services in connection
10. Have you paid or will you be paying an with this case, including the completion of	attorney any mon this form? Yes	ey for services in connection
with this case, including the completion of t	this form? Yes	No /

11. Have you paid - or will you be paying-paralegal or typist) any money for services completion of this form? Yes No	anyone other than in connection with	an attorney (such as an this case, including the
If yes, how much? \$		
If yes, state the person's name, address, and	d telephone numbe	er:
12. Provide any other information that will fees for your appeal.	help explain why	you cannot pay the docket
ny mantity prin	ntenced inmo nallowance.	ate and only have
13. State the address of your legal residence	2.	

CERTIFICATION

to his cred	ertify that the petitioner herein has the sum of \$_3307 on account it at the <u>scattifical</u> Institution where he is confined. I further certify oner likewise has the following securities to his credit according to the records of Institutions:
	NA
	Mary Mushinski AUTHORIZED PRISON OFFICIAL
	DATE